## **Best Available Copy**

									Application or Docket Number					
PATENT APPLICATION FEE DETERMINATION RECO Effective October 1, 2000									10/001261					
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY			
TOTAL CLAIMS			43					RATE FEE		FEE	1	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE 355.00			OR	BASIC FEE	710.00	
TOTAL CHARGEABLE CLAIMS			43 minus 20=		•			X\$ 9=		OR	X\$18=			
INDEPENDENT CLAIMS			4 minus 3 =		•			X40=			1	X80=		
ML	ILTIPLE DEPEN	IDENT CLAIM PI	RESENT					+135=			OR	+270=		
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL			) 1	TOTAL		
CLAIMS AS AMENDED - PART II									ן י		OR		TUAN	
(Column 1) (Column 2) (Column 3)								SMAL	L E	NTITY	OR	OTHER SMALL	1	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	BER	PRESENT EXTRA		RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	· 32	Minus	• 4	/3	=		X\$ 9=	:		OR	X\$18=		
	Independent	• -3	Minus			-	X40=				OR	X80=		
<b>L</b>	FIRST PRESE	NTATION OF MU	JLIIPLE DEI	PENDENI	CLAIM			+135=			OR	+270=		
									AL EE		OR	TOTAL ADDIT, FEE		
	(Column 1) (Column 2) (Column 3)								EE L	<del></del>		ADDII. FEEI		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	. 20	Minus	• 3	2	=	▋┃	X\$ 9=	.		OR	X\$18=	:	
	Independent	· 2	Minus	•••	3	=	li	X40=	1		OR	X80=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM											OR	+270=		
TOTAL ADDIT. FEE											OR	TOTAL ADDIT. FEE		
	(Column 1) (Column 2) (Column 3)													
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIO PAID I	BER DUSLY	PRESENT		RATE	-	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	**		2	] [	X\$ 9=			OR	X\$18=	ï	
	Independent	•	Minus	***		=		X40=	1		OR	X80=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+			.07^		
* If the entry in column 1 is less than the entry in column 2, write *0* in column 3.											OR	+270=		
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ADDIT. FEE  OR ADDIT. FEE														
		ber Previously Paid					r fou	nd in the a	аррі	ropriate box	in col	umn 1.		